

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025586

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

269

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri b. COUNTY St. Francois c. Admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Bonne Terre

Length of stay in 1b

c. CITY

OR
TOWN

Farmington

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Bonne Terre Hospital

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

709 W. Columbia

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
Milford

Middle

A

Last

Smith

4. DATE
OF
DEATH

Month

June

Day

27

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/25/1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during last 12 months, or if retired, state occupation during life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Edwardsville, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Smith

13b. MOTHER'S MAIDEN NAME

Ella McClanahan

14. NAME OF HUSBAND OR WIFE

Grace Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Grace Smith

Address

Farmington, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE MYELOCYTIC LEUKEMIA

INTERVAL BETWEEN ONSET AND DEATH

1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-20-63 to 6-27-63 and last saw him alive on 6-27-63

Death occurred at 8:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. E. Carleton M.D.

22b. ADDRESS

Farmington Mo

22c. DATE SIGNED

6-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/29/63

23c. NAME OF CEMETERY OR CREMATORY

New Calvary Cemetery

23d. LOCATION (City, town, or county)

Farmington

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Miller Funeral Home Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

June 28, 1963

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Handwritten in Carleton

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

7-12-63

VS 300

Rev. 4/59

10941

20945

3

4 0

5 1

6

7 1

8 2

9 2043

10

11

12 1-0

13 1-0

Jan. 22, 1895

Jan. 22, 1895

Birth Record of deceased filed

DOCUMENT 5-23-39 - with Illinois

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

IN TRANSIT

JUL 12 1963

JUL 12 1963

AUG 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bert J. Miller

Licensed Embalmer No.

3752

P. O. Address

Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.